

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED

2013 OCT 22 AM 11:46

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

FEC MAIL CENTER  
12FE4M5

International Chiropractors Association Political Action Committee

ADDRESS (number and street)

6400 Arlington Boulevard

Suite 800

☐ Check if different  
than previously  
reported. (ACC)

Falls Church

VA

22042

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00329920

3. IS THIS  
REPORT

☒

NEW  
(N)

OR

☐

AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)

☐ July 15  
Quarterly Report (Q2)

☒ October 15  
Quarterly Report (Q3)

☐ January 31  
Year-End Report (YE)

☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11)  
(Non-Election  
Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12)  
(Non-Election  
Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

☐ Convention (12C)

☐ Special (12S)

Election on

M M / D D

/

/

in the  
State of

(d) 30-Day  
POST-Election  
Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

M M / D D

/

/

in the  
State of

5. Covering Period

07

01

2013

through

09

30

2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald M. Hendrickson, Assistant Treasurer

Signature of Treasurer

*Ronald M. Hendrickson*

Date

10

14

2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period: From: 

MM	DD	YYYY
07	01	2013

 To: 

MM	DD	YYYY
09	30	2013

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, <table border="1"><tr><td>YYYY</td></tr><tr><td>2013</td></tr></table>	YYYY	2013	<table border="1"><tr><td> </td></tr><tr><td>33,945.65</td></tr></table>		33,945.65
YYYY					
2013					
33,945.65					
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1"><tr><td>37,675.65</td></tr></table>	37,675.65			
37,675.65					
(c) Total Receipts (from Line 19) .....	<table border="1"><tr><td>1,972.00</td></tr></table>	1,972.00			
1,972.00					
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1"><tr><td>39,629.65</td></tr></table>	39,629.65			
39,629.65					
7. Total Disbursements (from Line 31) .....	<table border="1"><tr><td>2,009.00</td></tr></table>	2,009.00			
2,009.00					
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1"><tr><td>37,620.65</td></tr></table>	37,620.65			
37,620.65					
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>-----</td></tr></table>	-----			
-----					
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>-----</td></tr></table>	-----			
-----					



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page **3**

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2013

To:

MM / DD / YYYY  
09 / 30 / 2013

## **I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

**11. Contributions (other than loans) From:**

**(a) Individuals/Persons Other**

From Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized .....

(iii) TOTAL (add

Lines 11(a)(i) and (ii)).....▶

**(b) Political Party Committees .....**

**(c) Other Political Committees**

(such as PACs).....

**(d) Total Contributions (add Lines**

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

**12. Transfers From Affiliated/Other**

Party Committees.....

**13. All Loans Received .....**

**14. Loan Repayments Received.....**

**15. Offsets To Operating Expenditures**

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

**16. Refunds of Contributions Made**

to Federal Candidates and Other

Political Committees.....

**17. Other Federal Receipts**

(Dividends, Interest, etc.).....

**18. Transfers from Non-Federal and Levin Funds**

**(a) Non-Federal Account**

(from Schedule H3) .....

**(b) Levin Funds (from Schedule H5) .....**

**(c) Total Transfers (add 18(a) and 18(b))..**

**19. Total Receipts (add Lines 11(d),**

12, 13, 14, 15, 16, 17, and 18(c)) .....

**20. Total Federal Receipts**

(subtract Line 18(c) from Line 19) .....

-----

1,972.00

1,972.00

-----

-----

-----

1,972.00

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

1,972.00

1,972.00

-----

5,684.00

5,684.00

-----

-----

-----

5,684.00

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

5,684.00

5,684.00

-----

5,684.00

13031132784



**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
34. Total Contribution Refunds  
(from Line 28(d)) .....
35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....▶
37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....▶

1,972.00
-----
1,972.00
9.00
-----
9.00

5,684.00
-----
5,684.00
18.00
-----
18.00

13031132786

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PNC Bank		Date of Disbursement	
Mailing Address 402 West Broad Street		MM / DD / YYYY 07 / 07 / 2013	
City Falls Church State VA Zip Code 22042			
Purpose of Disbursement bank fee/operating expense		Amount of Each Disbursement this Period	
Candidate Name		3.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) administration		
State: District:			

B. PNC Bank		Date of Disbursement	
Mailing Address 402 West Broad Street		MM / DD / YYYY 08 / 07 / 2013	
City Falls Church State VA Zip Code 22042			
Purpose of Disbursement operating expense/bank fee		Amount of Each Disbursement this Period	
Candidate Name		3.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) administration		
State: District:			

C. PNC Bank		Date of Disbursement	
Mailing Address 402 West Broad Street		MM / DD / YYYY 09 / 07 / 2013	
City Falls Church State VA Zip Code 22042			
Purpose of Disbursement bank fee/operating expense		Amount of Each Disbursement this Period	
Candidate Name		3.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) administration		
State: District:			

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

-----  
9.00

13031132787

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. People for Rick Weiland

Mailing Address

PO Box 1488

City

Sioux Falls

State

SD

Zip Code

57101

Purpose of Disbursement

campaign contribution

Candidate Name

Rick Weiland

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD

District:

Date of Disbursement

07 / 24 / 2013

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. Jim Jordan for Congress Committee

Mailing Address

1709 S. State Route 560

City

Urbana

State

OH

Zip Code

43078

Purpose of Disbursement

campaign contribution

Candidate Name

Jim Jordan

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District: 4th

Date of Disbursement

09 / 12 / 2013

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

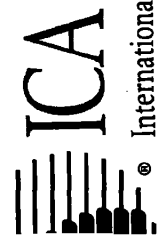
/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2,000.00



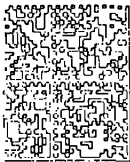
International Chiropractors Association  
6400 Arlington Blvd., Suite 800  
Falls Church VA 22042  
[www.chiropractic.org](http://www.chiropractic.org)

PLACE STICKER ON BACK OF THE RETURN ADDRESS FOLD AT DOTTED LINE  
**CERTIFIED MAIL<sup>TM</sup>**



7011 1570 0001 6604 7969

132789

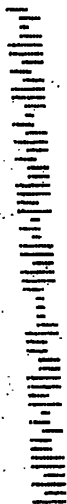


ZIP 22042 \$ 006.97<sup>0</sup>  
02 1W  
0001372699 OCT 15 2013




RECEIVED  
2013 OCT 22 AM 11:45  
FEC MAIL CENTER

**Federal Election  
Commission  
999 E Street, NW  
Washington, DC 20463**





Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 10/15/13
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (8/2013)	10/22/13 DATE PREPARED

13031132790